PART B - FEE(S) TRANSMITTAL Complete **Xad** send this form, together with applicable fee(s), to: <u>Mail</u> Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 AUG 2 1 2006 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee profiferations. maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. 23595 7590 06/05/2006 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. NIKOLAI & MERSEREAU, P.A. 900 SECOND AVENUE SOUTH **SUITE 820 MINNEAPOLIS, MN 55402** (Depositor's name) Anna Lemke 08/22/2006 WASFAW2 00000014 10800187 lre (Signature 700.00 OP 01 FC:2501 8-17-06 (Date) 300.00 DP 02 FC:1504 APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/800,187 03/10/2004 PUSA040328 Ker-Min Lin 8616 TITLE OF INVENTION: VENETIAN BLIND HAVING A MOTORIZED DRIVE MECHANISM APPLN. TYPE SMALL ENTITY ISSUE FEE **PUBLICATION FEE** TOTAL FEE(S) DUE DATE DUE nonprovisional YES \$700 \$300 \$1000 09/05/2006 **EXAMINER** ART UNIT CLASS-SUBCLASS JOHNSON, BLAIR M 3634 160-16810P 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). . 2. For printing on the patent front page, list Alan D. Kamrath (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively NIKOLAI & (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form MERSEREAU, P.A. PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) ☐ Individual ☐ Corporation or other private group entity ☐ Government Please check the appropriate assignee category or categories (will not be printed on the patent): 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number ______08-1265_____ (enclose an extra copy of this form). Advance Order - # of Copies 08-1265

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